

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90028 030 ***150.00

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DOCUMENT # P03000085474 1. Entity Name ELEGANT OUTDOOR LIFESTYLES, INC.			
Principal Place of Business 17080 ALICE COMMERCE CT. SUITE 1 FORT MYERS, FL 33912		Mailing Address 17080 ALICO COMMERCE CT STE 1 FORT MYERS, FL 33912	
2. Principal Place of Business - No P.O. Box # 11819 Metro Parkway Suite, Apt. #, etc. Unit D-#3 City & State Fort Myers, FL Zip 33966 Country USA		3. Mailing Address 11819 Metro Parkway Suite, Apt. #, etc. Unit D-#3 City & State Fort Myers Zip 33966 Country USA	
4. FEI Number 20-0132974		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent HOWELL, DAVID A 17080 ALICO COMMERCE CT SUITE 1 FORT MYERS, FL 33912	
7. Name and Address of New Registered Agent Name 11819 Metro Parkway Unit D-#3 City Fort Myers FL Zip Code 33966		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOWELL, DAVID A 17080 ALICO COMMERCE CT SUITE 1 FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Howell, David A 11819 Metro Parkway, Unit D-3 Fort Myers, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3/21/07 <small>Daytime Phone #</small>	